

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

|                          |  |                                     |  |
|--------------------------|--|-------------------------------------|--|
| 1 Date of Request: _____ |  | 2 Serial/Patent # <u>09/513,810</u> |  |
|--------------------------|--|-------------------------------------|--|

| 3 Please refund the following fee(s):        | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT       |
|--|----------------|--------------|----------------|
| Filing                                       |                |              | \$             |
| Amendment                                    |                |              | \$             |
| Extension of Time                            |                |              | \$             |
| Notice of Appeal/Appeal                      |                |              | \$             |
| <input checked="" type="checkbox"/> Petition | 29             | 2-16-06      | \$ 1500        |
| Issue  |                |              | \$             |
| Cert of Correction/Terminal Disc.            |                |              | \$             |
| Maintenance                                  |                |              | \$             |
| Assignment                                   |                |              | \$             |
| <input checked="" type="checkbox"/> Other    | 30             | 2-16-06      | \$ 130         |
| <b>7 TOTAL AMOUNT OF REFUND</b>              |                |              | <b>\$ 1630</b> |

|   |   |
|---|---|
| 10 REASON:  | 8 TO BE REFUNDED BY:  |
| Overpayment   | <input type="checkbox"/> Treasury Check   |
| <input checked="" type="checkbox"/> Duplicate Payment | <input checked="" type="checkbox"/> Credit Deposit A/C #:   |
| No Fee Due (Explanation):                             | <div style="border: 1px solid black; display: inline-block; padding: 2px;">           1 9 -- 0 7 4 3         </div> |

*Submitted w/ original petition on 12-15-2005.*

|  |   |
|--|---|
| 11- REFUND REQUESTED BY:   |   |
| TYPED/PRINTED NAME: <u>Paul Shanowski</u><br>SIGNATURE: <u><i>[Signature]</i></u><br>OFFICE: <u>ofc of Petitions</u> | TITLE: <u>Sr. Attorney</u><br>PHONE: <u>22325</u> |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****  |   |
| APPROVED: <u><i>[Signature]</i></u>  | DATE: <u>2/22/06</u>                              |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B